15

March 29th 1822

Willcox

No 13

Major A. Willcox

Hepatitis

admitted March 29th 1822

A Dissertation
on
Hepatitis
by
Major A Willcox.
No. 70 south 4th Street.

Thi
two
com
sion
pe
ten
the
at
tes
del
ton
spi
whe
it.
tie
sia
the
ana

Hepatitis

This disease is divided by nosological writers into two kinds the acute, and chronic, and usually commences with pyrexia; great pain and tension in the right hypochondrium; The pulse frequent, strong, hard, and full. The pain extends to the top of the shoulder and clavicle, the respiration is difficult; nausea, uneasiness at stomach sometimes vomiting of biliaus matter, great watchfulness and occasionally delirium extreme thirst violent headache, the tongue covered with a white crust, dejection of spirits loss of appetite, great uneasiness, unless when lying on the side affected also attend it. Instances sometimes occur, where the patient cannot lie on either side without considerable ~~distress~~; pressure on the part with the hand gives much increase of suffering and excites a desire to cough. —

The
co
ar
In
ar
of

nu
ex
ac
na
gr
the
so
ar
la
the
Cu
an
the

The intestines are very irregular though oftener constipated the skin and adnata of the eyes are all suffused with bile, as in jaundice. In all inflammations of the liver, the symptoms are more or less severe according to the degree of sensibility.—

The causes of hepatitis are numerous sudden vicissitudes from heat to cold; excessive fatigue inordinate drinking of ardent spirits; exposure to the heat of summer; external violence, certain passions of the mind, as grief anger; intermittent and remittent fevers; the causes which produce pneumonic inflammation sometimes bring on hepatitis; hence the diseases are occasionly confounded with one another, lastly the acute is very often brought on by the chronic inflammation of that viscus. Doctor Cullen thinks it probable that the acute is always an affection of the outer or external membrane, and the parenchymatic is of the chronic kind.—

The
or
fro
to
of
exp
The
tak
to
int
tion
Pen
pro
by
con
is
Th
in
Th
and

Hepatitis may be confounded with pneumonia or pleuritis, but can be readily distinguished from the former by the extension of the pain to the top of the shoulder, by the yellow colour of the skin, the cough, unaccompanied by expectoration and a less degree of dyspnoea. The heat and pain not being increased upon taking any thing into the stomach; its being able to retain whatever liquids or medicines are taken into it without rejecting them, and the less prostration will distinguish it from gastritis. Doctor Pemberton says, it is very difficult to mark it from pleuritis, though the difficulty will be removed by observing that a slow inspiration does not produce cough, although it adds to the pain. The pain is increased by gentle pressure under the edge of the ribs, which would not be the case if the inflammation was seated within the chest, and the cough to have succeeded the pain several days and not to have been preceded or coeval, as in pleurisy

Inflammation of the liver may be distinguished from spasm on the biliary ducts by there being no nausea, by the pain being permanent, by the patient always preferring to keep the body in a straight quiescent posture; whereas the greatest ease, when there is spasm on the gall ducts is obtained by bending the body forward on the knees. Inflammations of the liver, like other inflammatory affections, terminates in resolution, suppuration, gangrene or schirrus; its termination in gangrene is very rare. Its tendency to suppuration in this country is not so great, as in the warm climates particularly in the east and west indies where it is common. In this country it is rare. Schirrosity may exist without any previous inflammation, as in those who have long been residents in the indies; the schirrus most generally arises from this cause and the free use of ardent spirits: the disease

is
cor
Sha
an
to
fla
The
slou
alte
red
of
of p
pre
stri
or e
for
the
obse
mut
in T

is seldom attended with very great or fatal consequences, and is carried off by an hemorrhage from the nose or hemorrhoidal vessels; and also by perspiration it has been known to cease on the appearance of erysipelatous inflammation on some external part. —
The most favourable signs in hepatitis, are a slow abatement of the febrile symptoms, an alteration in the countenance, strength not much reduced, increase of appetite, and a mitigation of all the above mentioned symptoms. Intensity of pain in the region of the liver; a full and frequent pulse; considerable heat, thirst, dry hot, skin constipation of the bowels, and frequent rigors or chills denote approaching suppuration or the formation of matter. After the formation of matter the symptoms of such an event are not very obvious the most prominent of these are a diminution of pain, a sense of pulsation or weight in the right hypochondriac region, especially

Wh
an
ing
an
flo
Di
hav
tou
sod
ass
pra
Do
fou
Tu
th
mat

In
as

When lying on the opposite side; frequent rigors an accession of fever towards evening with flushings of the face, a propensity to perspiration, and other hectic symptoms in some cases the fluctuation of the matter is very evident. —
Dissections show that those who die of hepatitis have the liver much enlarged, and hard to the touch, its colour is very much altered from the reddish brown to a deep purple; the membranes are more or less affected; adhesions to the adjacent parts sometimes happen, induration also take place Doctor Thomas mentions a case where the organ was found in putrid state, resembling honeycomb.
Tubercles and hydatids are occasionally to be seen in the liver, abscesses containing immense quantities of matter or pus also found in its substance. —

Treatment.

In commencing the treatment of acute hepatitis, as in all other affections of an inflammatory type,

ano
rap
rego
pro
blo
com
com
there
blee
pen
viol
blose
pte
ulc
of
gra
ing
is
loca
upo

and as the disease is obstinate and unusually rapid in its progress towards suppuration, it requires energy of practice. The lancet should precede the administration of all other remedies; bloodletting must be carried to an extent not common, and scarcely admissible in other complaints: From a robust and vigorous patient twenty five, or thirty, ounces of blood, at the first bleeding will be often proper; When the pulse remains full and strong the pain in the side violent, phlebotomy is the only remedy the blood should be taken from a large orifice; as physicians have been struck at all times of the utility of drawing blood in this manner in diseases of an inflammatory nature, although the same quantity of blood may be taken from a small opening as a large one but the time of its running is so long that the inflammation, which is of a local nature demands for its removal, a sudden effect upon the system and is not in the least affected

Prospectus

~~By~~ by it though the strength of the patient is very much debilitated, which in all cases should be avoided as much as possible. It often becomes necessary to repeat the bleeding, and this should be done as speedily as convenient without any hesitation. After general bleedings it becomes essential to use local applications such as cups and leeches, they are among the best means of combating acute inflammation of the liver. During the administration of the above mentioned remedies, the exhibition of a very active mercurial cathartic alone or in combination with Jalap, or the may-apple, is highly beneficial as there appears to be a kind of medical harmony between the calomel and the disease, after the operation of the purgative it becomes necessary to keep the bowels in a soluble or laxative condition by gentle aperient medicines and for this purpose nothing is more useful than the saline purgatives blended with some of the antimonials

As
th
th
di
ma
pr
th
sha
it
de
ap
tim
th
if
pr
sy
of
re
th
th

among these the tartar emetic answers better than any other as it has the effect of opening the bowels and keeping up a gentle and mild diaphoresis thereby abating the febrile or inflammatory diathesis. After these means have been pursued the application of a large blister on the affected part will prove highly useful: it should be kept on ten, or twelve, hours then should it be inclined to heal up too soon or before the desired effect is produced a fresh one must be applied or the first kept running for some length of time by the savine ointment; but a new blister has the preference to any stimulating ointment, but if blistering be resorted to at too early a period, it prevents topical bleedings, and moreover increases the symptoms, intended to be relieved and is productive of great injury: These remedies connected with a rigid adherence to the antiphlogistic plan, constitute the chief remedies, used in acute hepatitis; should the disease not be removed by these medicines and

The
bit
ge
wi
de

The
sio
whe
The
sec
The
dig
tap
no

The inflammation sufficiently reduced the exhibition of mercury in such doses, as to induce a gentle ptyalism continued for several weeks will almost always eradicate the remains of disease. —

To this plan of treatment may be allowed the free use of acidulated drinks, with the admission of cool air, free ventilation. In those cases where great irritability prevails after having employed the remedies for inflammation, the use of some mild sedative will be found particularly serviceable. The diet suitable for the patient should be light, digestible, and of the mildest kind, such as, rice water, tapioca, sago, arrow root, and other vegetable articles: no account should animal food be allowed. ——